DEPARTMENT OF HEALTH Establishment Location					No. of Repeat Risk Factor/Intervention/Violations					Current Expiration 4/18/2019 Phone		
Do	lar Tree #	5425	324	W.	Cen	ıtra	al Av	e.				
	ermit #					•	ection ow-up	Est Type	s FS	Risk Category High Medium (Lo	Two	
		FOODBORNE ILLNESS					•			,		
78	Circle designa	ited compliance status (IN, OUT, N/O, N	/A) for ea	th nur	nbered	d iten	n			appropriate box for COS and/or		
11/		OUT = not in compliance N/O = not Compliance Status	c observed	COS	R = NC	t app	olicable		corrected on-si Compliance	te during inspection R = repeat v	/iolation	
Demonstration of Knowledge									•	s Food Time/Temperature		
1	IN OUT	Certification by accredited program			16 IN OUT N/A N/O Proper cooking time & temperatu							
т	IN OUT	compliance with Code, or correct resp	onses			17		JT N/A N/O	Proper reh	eating proc for hot holding		
2	IN OUT	Employee Health Management awareness; policy preser	n+			18		JT N/A N/O	 -	oling time & temperatures		
3	IN OUT	Proper use of reporting, restriction & a				19 20	 	JT N/A N/O JT N/A		t holding temperatures d holding temperatures		
		Good Hygienic Practices				21	<u> </u>	JT N/A N/O		e marking & disposition		
4	IN OUT N/O	Proper eating, tasting, drinking, or tobaco				22	IN OL	JT N/A N/O	Time as pu	ublic health control; proc & rec		
5	IN OUT N/O	No discharge from eyes, nose, and mo eventing Contamination by Hands	outh						C	and believe and		
_		-								ner Advisory advisory provided for raw or		
6	IN OUT N/O	Hands clean & properly washed				23	IN OU	T N/A	undercook			
7	IN OUT N/A N/O	No bare hand contact with RTE foods approved alternate method properly for	-					Hig	ghly Suscep	otible Populations		
8	IN OUT	Adequate handwashing facilities supplied accessible	&			24	IN OU	ΓN/A		d foods used; prohibited foods		
		Approved Sources						•	not offered	emical	1	
9	IN OUT	Food obtained from approved source				25	IN OU	ΓN/A		ves: approved & properly used		
10	IN OUT N/A N/O	Food received at proper temperature				26	IN OU	ΓN/A	Toxic subst	ances properly identified, stored &		
11	IN OUT	Food in good condition, safe & unadul	terated					Conform		Approved Procedures		
12	IN OUT N/A N/O	Required records available: shelf stock parasite destruction	tags,			27	IN OU	ΓN/A		e with variance, specialized HACCP plan		
		Protection from contamination							process, a	TRACE Plati	Jl	
13	IN OUT N/A	Food separated & protected					isk factors are improper practices or procedures identified as the most pre					
14	IN OUT N/A	Food-contact surfaces: cleaned & sanit Proper disposition of returned, previou				COI	contributing factors of foodborne illness or injury. Public Health control measures to prevent foodborne illness or in			ntions are		
15	IN OUT	served, reconditioned & unsafe food	5.7								1011	
	Go	od Retail Practices are preventative mea					ACTIC		sicale and phys	rical objects into foods		
lark	"X" in box if num	bered item is not in compliance Mark	"X" in ap	propri	iate bo	x for	COS an	d/or R COS	=corrected or	n-site during inspection R =repe	at violati	
				cos	R						cos	
20	Doctour	Safe Food and Water				44				se of Utensils		
28 29		rized eggs used where required Lice from approved source				41 42			ils: properly st	ored operly stored, dried & handled	+ +	
	Variand	e obtained for specialized processing me	ethods			43				articles: properly stored & used		
30	Proper	Food Temperature Control cooling methods used; adequate equipment of the cooling methods used; adequate equipment of the cooling methods used; adequate equipment of the cooling methods used.	ant for			44		Gloves used	properly			
30		ature control	ient for					Ut	ensils, Equip	ment and Vending		
	Plant fo	ood properly cooed for hot holding		İ		45				urfaces cleanable, properly		
31		proved thawing methods used				46		designed, constructed & used Warewashing facilities: installed, maintained, used: test strip			1	
31 32 33	Approv	ermometers provided & accurate				47		Non-food contact surfaces clean				
31 32 33			Food Identification Food properly labeled; original container			48		Hot & cold w		al Facilities adequate pressure		
31 32 33 34	Thermo	Food Identification				49				backflow devices		
31 32 33 34	Thermo	Food Identification roperly labeled; original container revention of Food Contamination					Г			nerly disposed		
31 32 33 34	Food p	Food Identification roperly labeled; original container revention of Food Contamination , rodents & animals not present; no				50		Sewage & wa	aste water pro	perry disposed		
31 32 33 34 35 36	Food property of the sector of	Food Identification roperly labeled; original container revention of Food Contamination	splay			1		Toilet facilitie	s: properly co	nstructed, supplied & cleaned		
331 332 333 334 335 336 337	Food poor Poor Insects unauth Contam Person	Food Identification roperly labeled; original container revention of Food Contamination , rodents & animals not present; no prized persons ination prevented during prep, storage & di al cleanliness	splay			50 51 52		Toilet facilitie Garbage & re	es: properly co	nstructed, supplied & cleaned disposed; facilities maintained		
31 32 33 34 35 36	Food pi Food pi Insects unauth Contam Persone Wiping	Food Identification roperly labeled; original container revention of Food Contamination , rodents & animals not present; no orized persons ination prevented during prep, storage & di	splay			50 51		Toilet facilitie Garbage & re Physical facili	es: properly co efuse properly ities installed,	nstructed, supplied & cleaned		

		FOOD	ESTABLISHMENT	INSPECTION R	EPORT				
	F TITUSVIL TMENT OF H			GREASE TRAP IN Yes	No Da	te 3/7/19			
Establishme Dollar Tre			Address/City/State/Zip Co 324 W. Central Ave.	de	Phon	e			
			TEMPERATURE C	BSERVATIONS					
Item/Location Temp			Item/Location	Temp	Item/Location	Item/Location Temp			
Ecq.	S	37°							
Frus	1	-90							
Pizza		-110							
Stora	رد لعنا								
parcte	e tree	22150							
	<u> </u>					·			
			OBSERVATIONS AND C	ORRECTIVE ACTION	S				
Item	Violatio	ons cited in this report mu	st be corrected within the	ime frames below, or a	s stated in sections 8-4	105.11 of the food code.			
Number	No		M 0100410			INCDESTON.			
	100	30000	010411	3103 100 FC	- 6 41.75	1107 beg = 50;			
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Person in Charge (Signature) Date: 3/1/19									
reison in C	narge (Signa	00 = 0 0000	·		Date	· _ / · L / ·			
		DUDUUDELK	\mathcal{U}			3/7/19			
Inspector (S	Signature)				_ Date:	-1.11			